V. S. No. 1

	item of infor-	should state	of OCCUPA-		
5	RECORD. Every	PHYSICIANS	Exact statement		
BINDING	PERMANENT	HEXACTLY.	rly classified. 1	cate.	
FOR	S IS A	stated	prope	certific	
ARGIN RESERVED FOR BINDING	UNFADING INK-THE	supplied. AGE should be	n terms, so that it may be	ee instructions on back of	
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. S. No	N. B.				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05939
1. PLACE OF DEATH,	(gy)
County Carolina	Registration Dist. No. lold
Village or City Me un Feder alsbury	No. K. F. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 6, Columned adam	\$
(a) Residence: No. Fe der als burg lud, R.F. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The sex of the state of the st	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Laura 18 adums	more 12 1933 to asser 2 1933
6. DATE OF BIRTH (month, day, and yeer) aug 23: 1871	I last saw harmalive on pears 2 , 1933; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. Pm.
6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Coulomber SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et 3 this occupation (month and separation their separation their separation their separation their separation their separation their separation than the separation that the separation than the separation than the separation than the separation than the separation that the separation that	were as follows: Were as follows: Date of onset
andustry or business in which work was done as SILK MILL	
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date decessed lest worked et this occupation (month and 3 secure spent in this occupation 20 no	
- 10 0	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) M. O	4,650
13. NAME Thomas advus	
14. BIRTHPLACE (city or town) - March Dand	Name of operation
(State or country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Mary I wright	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) many wing life (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Laura Calamo.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) flathathing mg R.F.) 18. BURIAL, CREMATION, OR REMOVAL	\$
Plece Bloomery Md Date June 4, 19 33	Manner of Injury
19. UNDERTAKER & M. adams & Own	24. Wes disease or injury in eny wey related to occupation of deceased?
(Address) N. Federalshur	If so, specify
20. FILED Sune 379, 1933 5.5 Frampton	(Signed) A. M. D. (Address) Minutes (6 mod)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial mephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	S days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

IRGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05940
1. PLACE OF DEATH	940
County Caraline	Registration Dist. No.
Village or City Rueds lovo.	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME B, Hor Benner,	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Male Marie Marie Marie Mortul Marie Marie Mortul Marie Mortul Marie Mortul Marie Mortul Mo	21. DATE OF DEATH (Month) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Thers. Wheney Benery'	22. I HEREBY CERTIFY, That I attended deceased from
0 10 1001	0/12/20 23
DATE OF BIRTH (month, day, and year) Cut 4 986 AGE Years Months Days If LESS than	I last saw half alive on 1983; death is said
1/21 No - I day hrs	to have occurred on the date stated above, at
47 10 9 2 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Mare Mare SAWYER, BOOKKEEPER, etc.	augua peletrus 90
9. Industry or business in which work was done, as SILK MILL.	10
SAW MILL, BANK, etc	
this occupation (month and year) 11. Total time (years) spent in this occupation 29	
, octupation - F	Other Centributery Causes of importance:
C. BIRTHPLACE (city or town) (State or country)	1101-1-06
13. NAME Tolimbro Beneet	- alle only estate
	- VO
14. BIRTHPLACE (city or town) (State or country)	Name of operation
7 11 11/1	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margrey Suffiely,	23. If death was due to external causes (VIOLEDICE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
(Address) Theyre Degen,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sueles troud Date Jone: VE, 193:	Nature of injury
UNDERTAKER R. B. S. applings	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sulus to Md,	If so, specify
O. FILEO COPA ES OCOMENTO	(Signed) M. D
Registrar.	(Address)

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related eauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ano Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County	Caroline		92.0	Registration	Dist. No.	00
Village or (city Hende	rson	No.		St.,	War
Length of res	sidence in city or town where	death occurredyrs,m	If death occurred in a hospital or institution	ution, give its NAN of foreign birth?	1E instead of street a	nd number)
	ME Louisa					
(a) Resider	nce: No.	*** * * * * * * * * * * * * * * * * *	St., Ward.			
DEDGO		(Usual place of abode)			t give city or town	
SEX		TICAL PARTICULARS		ERTIFICAT	E OF DEATH	1
Femail	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WICOWED	21. DATE OF DEATH	6 (Month)	/0 (Day)	, 193
a. If merried, widow HUSBAND of (or) WIFE of	ved, or divorced					(Year)
(or) WIFE of	Will	eam Clark	22. 1931 HEREBY	CERTIF	Y That etter	ed deceased fro
DATE OF BIRTH	(month, day, and yeer)	858 GUN 7 185	I last saw h alive on	6/8	13	i death Is sa
AGE Yes		Days If LESS than	to have occurred on the date state	ed above, at	m.	
75	x	1 day,hrs	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related cau	ses of importance	
8. Trade, profe	ssion, or particular		Valvalas	Nea	Alexan	Date of ons
SAWYER	work done, as SPINNER, BODKKEEPER, etcbusiness in which	housework	1 mil	- 1		
work wa	s done, es SILK MILL, LL, BANK, etc		Mune	e xu	11000	7
10. Date deceas	ed last worked at	11. Total time (years) spant in this				
		occupation				
2. BIRTHPLACE (ci	ty or town)	**************************************	Other Cautributory Causes of impo	ortance:		
(State or cou		aryland				
14. BIRTHPLACE	Unknown					
14. BIRTHPLACE	(city or town)	nown	Name of operation		Date of	
			What test confirmed diagnosis?		Was there a	n autopsy?
15. MAIDEN NA	ME Josephen	e Kaulkner	23. If death wes due to external cau	ISOS (VIOLENCE) F	ill In also the follow	ving:
	(city or town) Mar	yland	Accident, suicide, or homicide?		Date of injury	, 19
		J do CAS SAL	Where did Injury occur?	(Specify ally or	town, county and	State)
(Address)	G.B. Jarman Greensbo	ro. Md.	Specify whether injury occurred in	INDUSTRY, in H	ME, or In PUBLIC	PLACE.
B. BURIAL, CREMAT	ION, OR REMOVAL		Manner of Injury			
Place Gr	eensboro. M	depaiJune. 11 19 33	Manner of Injury			
UNDERTAKED T	R.B.Rawling		24. Was diseeso or injury in any wa	av related to com-	atles of deces - 30	
(Address)		oro. Md./	If so, specify	ay related to occup	ation of deceesed?	
FILED	133. ap	Iment.	(Signed)	UX	down	M
			N			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	TO THE TOTAL		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

SIAIL (OF MAR	YLAND—	CERTIFICATE OF DEATH	5942
County Caraline			Registration Dist. No.	66
Village or City Ridge Length of residence in city or town where			ND. St. death occurred in a hospital or institution, give its NAME instead of street	and number)
2. FULL NAME Baley	death occurred	Davis	yrs,yrs,	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town	a and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	/		22. I HEREBY CERTIFY, That I atter	ndad decaased from
6. DATE OF BIRTH (month, day, and year)	June 19	1933	I last saw has alive on 2 19	33; death is sald
7. AGE Yaars Months	Days	If LESS than 1 dey, Qhrs. ormin.	to have occurred on the date stated above, at 9'. 25 m. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	0		Miscanoge	Date of onset
year)	o 11. Total ti spen occu Redyely	ma (years) t in this pation	Dther Contributory Causes of Importence:	
(State or country) 33. NAME Jew William 14. BIRTHPLACE (city or town). Conf	ma Dos	is		
(State of Country)	cen ann	e 0s	Name of operation Dete	
15. MAIDEN NAME TELOS 7	u ann	alon C	23. If death was due to external causes (VIOLENCE) fill in also the followable. Accident, suicide, or homicide?	
17. INFORMANT John Wm (Address)	Jour anne	<i>C</i> _b	Where did injury occur?(Specify city or town, county an Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Date June	\$ 1. 8., 193.3.	Manner of injury	
19. UNDERTAKER Address) 20. FILED TIME 9. 3. 3.	Sely	they and	24. Wes disease or injury in any way related to occupation of deceased if so, specify (Signed)	12. mD
	e blanks are needed a	Registrar.	(Aptress)	W. U.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL.	SPACE EO	B EURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPAUL FU	RFURINER	STATEMENTS	1>1	PHIBICIAN

V. S. No. 1

item of infor-

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH	
- 1111	U 1	1414 41 7 1 7	7 11 12	O-11111		U .		

1.	5	G	1	3	
U	U	J	T	0	

1. PLACE OF DEATH		95-\$)
County Caroline,		Registration Dist. No. 6
Village or City Federalsb	(II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME George	W. Ecker.	
	lsburg, Md. R.I	F. Ist. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH June 2Ist., 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Susun	22. I HEREBY CERTIFY, That I attended deceased from 17, 1953, to from 2/, 1935
6. DATE OF BIRTH (month, day, and year) Ap 7. AGE Years Months 7.4 2	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at $2 - 50$ M. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or business in which	rmer and ruck-grower. 11. Total time (years) spent in this 44 occupation 44	Clevelio_ (/a, Cyclev Duscon Wiff General Ceclesna - Other Contributory Causes of Importance:
🖺 13. NAME William Ecker	,	
(State or country)	ladelphia. Pa.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
Mrs Jane T	ngland.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homleide?
(Address) Federalsburg 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Moriah Cemet	.Md. R.F.D. ary, June 23 19 33	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury
Philadelphia, 19. UNDERTAKER J.T. Framptom (Address) Federalsbu 20. FILED June, 21.91 1933	rg, M d.	24. Was disease or Injury in any way related to occupation of deceased? 1. If so, specify (Signed) 1. If M. D.
	Registrar.	(Address) fractions for

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURSAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	1 4 5	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

PlaceMt. Moriah Cemetery, July 3", 1933

Philadelphia, Pa. 19. UNDERTAKERJ. Framptom & Son:

15. MAIOEN NAME

MOTHER important.

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TION

mation

OCCUPA. 1. PLACE OF DEATH plnods Caroline. Registration Dist. No. Village or City Near Federal sburg, R.F.D. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every statement 2. FULL NAME Henrietta Camilla Ecker. (a) Residence: No. Federalsburg, Md. R. F. D. St., (Usual place of abode) PERMANENT RECORD. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Fem ale. White. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That J attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Oavs' to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...-OCCUPATION House-Work. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... back 10. Date decessed last worked at this occupation (month and year) June 5th 1933 instructions 12. BIRTHPLACE (city or town) Philadelphia. (State or country) FATHER 13. NAME

Note as follows.	Oats of onset
Diotete Languere g	6/1/33
Other Contributary Causes of Importance:	antlum
Neme of operation Date of What test confirmed diegnosis? Was there an	eutopsy? 22
23. If death was due to external ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide?	, 19
Menner of Injury	
24. Was disease or Injury In any way releted to occupation of deceased? If so, specify (Signed) (Address) Address)	my
411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

If more blanks are needed, address State Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	ii	Example 11		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Pens	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	JUL 6 1929	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	44 37	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING

RGIN RESERVED

V. S. No.

should state

Registration Dist. No. 6 H
•
Al-
No. St., Ward occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrsmosds.
St., Ward.
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH June, 2Ist., 1933 (Month) (Day) (Year)
HEREBY CERTIFY, That I attended deceased from
est saw h. V. alive on 10-1/1, 1935; death is said
have occurred on the date stated bove, at .7 30 M M e PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:
Renal Disciples per Contributory Causes of importance: 21 the sal, Helman hay.
11th Rt. side Hafnyllgia
/ 86-13
me of operation Date of Date of Mass There she shopsy? N
If death was due to external cause (VIOLENCE) fill in also the following:
cident, suicide, or homicide? Date of injury, 19
(Specify city or town, county and State) ecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
nner of injury
Was disease or injury in any way related to occupation of deceased?
(Signed) M. D. Halliabling M. D. Halliabling M. D.
Si h erri

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11.—The number of years the dcceased followed the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. f.

V. S. No.

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Example I	TO THE PARTY AND	Example II	
Example I The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage LEAU V. 8	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.5
			149

V. S. No. 1

of OCCUPA-

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	5947
County Rareline		Registration Dist. No. 63	2
Village or City Hear A	2.7.		Ward
Village of City	(II	NoSt., death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign blrth?yrs	mos ds.
2. FULL NAME Janual	To Ixolkma		
(a) Residence: No refer	Death	St., Ward.	
	(Usual place of abode)	If nonresident give city or town	Marketin and Advanced Parketing
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
Wale white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 2 3 (Month) (Dey)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or WIFE of). Omega	a Doffman	22. HEREBY CERTIFY, That I attend 1 1937 to 20 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 1933
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, at	deeth is said
62 0	1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
	VY ormin.	were as follows:	Date of onset
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Frances	Canor from	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc			
10. Date deceased lest worked et this occupetion (month and	11. Totel time (years) spent in this		
12. BIRTHPLACE (city or town). Carray (Stete or country)	Country md.	Other Contributory Causes of importence:	
	//		
E / Pari	10-4		
(State or country)	ou ousley.	Neme of operation Date of Whet test confirmed diagnosis? Wes there	an autopsy?
15. MAIDEN NAME Elisar 16. BIRTHPLACE (city or town) Care (State or country)	e Davidson	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the follow	
16. BIRTHPLACE (city or town)	aco Consite	Accident, suicide, or homicide? Dete of Injury	, 19
(Stete or country)	me.	Where did Injury occur?	
17, INFORMANT Mes. S. assas (Address)	ula Hoffman	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date June 26, 1933	Manner of injury	
19. UNDERTAKER (Address)	Clark	24. Wes disease or Injury in eny way related to occupetion of deceased?	5
20. FILED 6 - 25 , 1933 72 0	Hevryb Registrar.	(Signed) Deducing Mcho. (Address) Charles M. M.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE I	FOR FURTHER ST	TATEMENTS B	Y PHYSICIAN	
		10432		4

should state of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

05948

1	L PLACE OF	DEAT	ГН		1	J3Q			
	County Caroline					Registration Dist	. No. 4	(
	Village or City Preston (If d				No		St.,	Ward	
	Length of resid	dence in cit	ty or town where	taath occurred	(I	death occurred in a hospital or institutds. How long in U.S. If of	ion, give its NAME ins	stead of street and	number)
	2. FULL NAI						Totolgii Billin:	313	103
	(a) Kesidend	ce: No		(Usual place of	f abode)	St.,Ward.	If nonresident give	city or town and	d State
ghina.	PERSON	AL AN	D STATIST	ICAL PARTIC	CULARS		ERTIFICATE O	F DEATH	
	Male		r or race Colored	S. SINGLE, MARE OR DIVORCED	ted, WIDOWED, (write the word)	21. DATE OF DEATH	June	3 (Day)	, 193 3
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	usie Ho	rner			CERTIEN,	That I attended	
6	DATE OF BIRTH (month day	and year) A	ug. 10,	1868	last saw heren alive on	19.32 , 10 Just	1933	
-	AGE Year	-	Months	Days	If LESS than	to have occurred on the date stated			o , death 15 Seru
		64	64 9 24	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH			,
NOI	8. Trade, profassion, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, atc.				acute Pare	uchannes	tous	Date of one of	
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc						70		
	10. Date deceased last worked at this occupation (month and year)								
12. BIRTHPLACE (city or town) Preston, (State or country) Md.,				Other Contributory Causes of impor	tanca:	o.	-		
ER	13. NAME		Wm . H	Iorner					
FATHER		14. BIRTHPLACE (city or town) Preston, Md., (State or country)				Name of operation		Data of	
# 15. MAIDEN NAME Unknown		vn .		23. If death was due to external caus					
MOTHER	16. BIRTHPLACE (State or		rt wn)			Accident, suicide, or homicide?	Data		
17.INFORMANT Bessie Moore (Addrass) 1675 Foulkrod St., Frankfo					Frankfo	Specify whether injury occurred in	(Specify city or town INDUSTRY, In HOME,		
18.	18. BURIAL, CREMATION, OR REMOVAL Place Mt.Pleasant Data 6/5 ,1933					Manner of Injury			
19.	19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md.,					24. Was diseasa or Injury in any wa			
20.	FILED. G.	5 ,1	,33 A	bhas 1	3 Hayes	(Signad) Jackson (Addrass)	no Jon	15th	M. D.
	-		If more	blanks are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Reg	questing U. S. No. 1.		

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATI	TEMENTS BY PHYSI	CIAN
------------------------------------	------------------	------

M)	item of infor-	should state	of OCCUPA-	
•	RECORD. Every	. PHYSICIANS	Exact statement	
RGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ificate.
SERVED FO	INK-THIS IS	should be sta	t it may be pro	on back of cert
RGIN RE	H UNFADING	g supplied. AGE	ain terms, so that	See instructions
•	PLAINLY, WIT	hould be carefully	OF DEATH in pla	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE	mation sl	CAUSE (TION is

5. If married, widowed, or divorced HUSBAND of (or) WIFE	1. PLACE OF		OF MARY	YLAND—	CERTIFICATE OF DE	ATH 05949	
Village or City Preston, Md.,					Registration Dist. No. 43		
Length of residence in city or town where deeth occurred 2. FULL NAME JOSEPHINE FRANCIS HUDDARD (a) Residence: No. (Usualphace of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE Female COlored SINGLE, MARIER, WIDOWED, Corricche word) Female COLORed SINGLE, MARIER, WIDOWED, Corricche word) SINGLE OF DEATH J. DATE OF BIRTH (month, day, and year) NOVEMBER 27 J. DATE OF BIRTH (month, day, and year) NOVEMBER 27 J. Trade, protessing at particular work was done, as SIKK MILL, SAWER, BOOKKEPER, etc. J. Trade, protessing at particular work was done, as SIKK MILL, SAWER, BOOKKEPER, etc. J. Trade, protessing at particular work was done, as SIKK MILL, SAWER, BOOKKEPER, etc. J. Trade, protessing at particular work was done, as SIKK MILL, SAWER, BOOKKEPER, etc. J. Trade, protessing at particular work was done, as SIKK MILL, J. SAWER, BOOKKEPER, etc. J. SAWER, BOOKKEPER, etc. J. MAME J. SAWER, BOOKKEPER, etc. J. SAWER, BOOKKEPER, etc	Village or City	Pres	ton, Md.,)	No	St., Ward	
2. FULL NAME JOSEPhine Francis Hubbard (a) Residence: No. (Usualplace of aboda) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female Colored 5. SINCLE, MARKIED, WIDOWED, OR DIVORCID LOWING THE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. Thet I attended deceased (re) wife of the date states above, at 1. 19. (res at 1. 19. death is 1. 19. d	Length of resider	nce in city or town where	e deeth occurred	(1) yrsmos	death occurred in a hospital or institution, give its NA ds. How long in U.S. if of foreign birth?_	ME instead of street and number)	
(a) Residence: No. (Unual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female Colored S. SINGLE, MARRIED, WILDOWED, O'M'RICH wood) OR DIVORCED ("M'RICH wood) OR DINCH ENCE OF DEATH OF DEATH OR DIVORCED ("M'RICH wood) OR DIVORCE							
Clustiplace of abode Henomerident give city or town and State		-					
3. SEX 4. COLOR OR RACE Female Colored Single Sing					If nonreside		
Female Colored Single OR DIVORCED (write; the word) 193. (Month) (Day) (Yes 194. 195. ATE OF BIRTH (month, day, and year) NOVEMBER 27, 1910 AGE Yeers Months 197. AGE Yeers Months 198. 199. 1			1			TE OF DEATH	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Month Days If LESS than 1 day, hrs. of was cocurred on the date spates above, at	Female	Colored	OR DIVORCED	(write the word)	pre	(Day) (Year)	
AGE Yeers Months Days If LESS than I day,	HUSBAND of	, or divorced			22. I HEREBY CERTI	FY. Thet I attanded deceased from	
AGE Yeers Months Days If LESS than I day,	6. DATE OF BIRTH (me	onth, day, and year)	November	27 797	O last saw h A aliva on A	19 33 death is cale	
8. Trade, profession, or particular kind of work done as SPINNER, SAWKER, BOKKEPER, etc 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Diat deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stee or country) 13. NAME SOLOMON Hubbard 14. BIRTHPLACE (city or town) Preston, Md., 15. MAIDEN NAME Annie Chase 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Annie Hubbard (Addrass) Preston, Md., 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Placesant Date of What test confirmed diagnosis? Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neuro of operation Manner of injury Neuro of injury in eny way related to occupation of deceased? 11 so, specify 12 Where did injury in eny way related to occupation of deceased? 11 so, specify 12 Where did injury in eny way related to occupation of deceased? 11 so, specify 11 so, specify 11 so, specify 12 Where did injury in eny way related to occupation of deceased? 11 so, specify 11 so, specify 12 Where did injury in eny way related to occupation of deceased? 13 Sective 14 Was disease or injury in eny way related to occupation of deceased? 15 so, specify 16 Sective 17 Where did injury in eny way related to occupation of deceased? 18 Sective 18 Sective 18 Sective 18 Sective 29 Sective 20 Was disease or injury in eny way related to occupation of deceased? 19 Understance 19 Sective 19 Sective 20 Where did injury in eny way related to occupation of deceased? 19 Sective 19 Sective 20 Was disease or injury in		Months	Days	if LESS than 1 day,hrs.	to Maya occurred on the date stated above, at		
Other Coutributory Causes of importance: Other Coutributory Causes of i	8. Trade, profession	on, or particular			2 A	Date of onset	
year) occupation occup	SAWYER, BO		Hous	sework	Moncho Mul	noma hol	
Other Coutributory Causes of importance: Other Coutributory Causes of i	SAW MILL,	one, as SILK MILL, BANK, etc		***************************************			
13. NAME Solomon Hubbard Cacule Myscardity.	tima occupat	10. Data deceased last worked at this occupation (month and spant in this					
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Annie Chase 16. BIRTHPLACE (city or town) Preston, Md., (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Preston, Md., 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Data 6/7/, 19 33 Preston, Md., 19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 19. Undertaker W. H. Hollis & Son (Address) Preston, Md.,			mantown.	Pa.	Other Contributory Causes of importance:	ure	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Annie Chase 16. BIRTHPLACE (city or town) Preston, Md., (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Preston, Md., 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Data 6/7/, 19 33 Preston, Md., 19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 19. Undertaker W. H. Hollis & Son (Address) Preston, Md.,	13. NAME	Solomon I	Hubbard		(acute thyo	arditis.	
15. MAIDEN NAME Annie Chase 16. BIRTHPLACE (city or town)	14. BIRTHPLACE (c (Stata or co	,					
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Preston, Md., 8. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Data 6/7/, 19 33 9. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md., 15 so, specify.	15. MAIDEN NAME	Annie					
7. INFORMANT Annie Hubbard Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 8. BURIAL, CREMATION, OR REMOVAL Place Mt. Plasant Data 6/7/ 19 33 Netura of Injury 9. UNDERTAKER W. H. Hollis & Son (Address) Proston, Md., 11 so, specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Wanner of Injury 24. Was disease or injury in eny way related to occuration of deceased? If so, specify.	16. BIRTHPLACE (c)	ity or town)		Md.,	Accident, suicide, or homicide?	_	
8. BURIAL, CREMATION, OR REMOVAL Place	17. INFORMANT Annie Hubbard			(d.,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place Mt. Pleasant Data 6/7/, 19 33 Netura of Injury 9. UNDERTAKER W. H. Hollis & Son 24. Was disease or injury in eny way related to occupation of deceased? (Address) If so, specify	18. BURIAL, CREMATION, OR REMOVAL				Manner of injury		
(Address) Proston, Md., If so, specify.	PlaceMt	.Pleasant	Data6_	17./, 1933	Netura of Injury		
6 -2 Milles	9. UNDERTAKER (Address)			n ra		unation of deceased?	
20. FILED Hune 7, 1932 Lakas B. Hansani (Signed) (Address) (Address)	20. FILED Junes	- 17 (1)	as, B.H	Assistant.	(Signed)	lon y d. M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of dear of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	[III] 0 1025	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- T	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	P. P.	July 5,1927	Peritonitis	3 days ago	
			, ,		
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	- 93
County Caroline	Registration Dist. No. 63
Village or City Preston, M	Md. No. St., Wal
Langth of residanca In city or town whara death occurrad	yrsmosds. How long in U.S. iI oI foreign birth?yrsmosd
2. FULL NAME Dr. William T.	Kelley
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	TICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MAP OR DIVORCE Widow	ARRIED, WIDOWED, CED (rwrite the word) Wer (Month) (Day) (Year)
5a. II married, widowad, or divorcad HUSBAND of (or) WIFE of Bertie N. Kelle	
6. DATE OF BIRTH (month, day, and year) October	
7. AGE Yaars Months Days	II LESS than to have occurred on the date stated above, at
72 8 13	1 day,
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc Dentist	Oote of one
9. Industry or business in which Work was dona, as SILK MILL, SAW MILL, BANK, atc	A 7.72
O 10. Date daceasad last worked at this occupation (month and spa	It time (years) pant in this coupation
12. BIRTHPLACE (city or town) Preston, Md (State or country)	Other Contributory Causes of importance:
William T. Kelley	J Hemilia
14. BIRTHPLACE (city or town) Preston, (State or country) Md.	\mathcal{U}
15. MAIOEN NAME Julia S. Willi	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Kentucky (State or country)	Accident, suicide, or homicide?
17. INFORMANT Noble W. Kelley (Addrass) Preston, Md.,	Whare did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Preston, Md. Oate Jur	Mannar of Injury
19. UNDERTAKER William H. Hollis (Address) Preston.	
20. FILED June 17, 1933. Chas B.	(Signad) (Signad) M. M. (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. s.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Caroline	(9) CERTIFICATE OF DEATH
	Registration Dist. No. 62
Village or City Vetelan (No	St: Ward) (If death occurred is a hospital or institution, give its NAME in stend of strest an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 HINGLE, Wayle wildle willed (Write the word)	16 DATE OF DEATH (Month) (Dey) (Year)
6 DATE OF BIRTH Dept 1431	17 1 HEREBY CERTIFY, That I attended the deceased from May 4 183. to 183 that I last saw him alive on May 3/ 1983
(Month) (Day) (Year 7 AGE If LESS than I day hrs. mos. 6 ds. or min.?	and that death occurred on the date stated above, at 5' 3 0 A
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Low Pollerumia Dud atlack Mingo
which employed or (employer) BIRTHPLACE (State or country) Sud.	Contributory Warfung Cough Begandery Way 30- Moration yes mos
10 NAME OF FATHER TELLES FALLS	(Signed) Charles M. M. (Address) Lunton mg
(State or country) Section Med	V *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER 18 BIRTHPLACE OF MOTHER (State of country) MURTIPLECE OF MOTHER	ients or Recent Residents) At place In the of death yrs mos. ds. State yrs down ds. Where was disease contracted,
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	if not at place of death? Former or usual residence. 19 PLACE DF BURIAL OR REMOVAL // DATE OF BURIAL
(Address) Sentanti	Wellan Colores Jan 5, 19 &
Filed 6 - 2 1932 Tay NO Sugar	20 ONDERINAER

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwork, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, Physician, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. Laborer-Coal mine, etc. Salesman. (b) Locomotive not gainfully em-The material engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere brospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; obhar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, "PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, totanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. State cause for which surgical operation was under-American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; ChronicExample: Measles (disease etc. The contributory affection need not be valvular "Haemorrhage, Surcoma,, etc., of heart discase,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

FOR BINDING

RGIN RESERVED

V. S. No. 1

17. INFORMANT_3

19. UNDERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05952
1. PLACE OF DEATH County Leake Six	Registration Dist. No. 62
Village or City The Polychians	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Leaving Fitness (a) Residence; No.	ds. How long in U.S. If of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year)	22. I HEREBY CERTIFY. Thet ettended decessed from
	I last saw h delive on
8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	to heve occurred on the date stated above, et 2, 2, -m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows: Date of onest Date of onest
9. Industry or business in which work was done, as SILK MILL,	

8. Trade, profes OCCUPATION kind of v SAWYER, 9. Industry or work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at 11. Totel time (years) this occupation (month and spent in this year) occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation.... (Stete or country) What test confirmed diegnosis? Wes there an autopsy? MOTHER 15. MAIDEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Dete of injury_______19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____

> 24. Wes disease or injury in any way related to occupation of deceased If so, specify

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Registrar.

Manner of injury

Nature of injury.

(Address) _

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 05953
1. PLACE OF DEATH	<u> </u>
County Caroline	Registration Dist. No. 6 1
Village or City Federals Sura, (16	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Umanda Magee	
(a) Residence: No. Tedera? Sture that a (Usual place of abbye)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sung 9", 193.33 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) June 9" 1933	1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 30 A-m.
Stigg-born 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	04100
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Sullison
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration from the and this personation from the and the same time the second to the secon	
this occupation (month and spant in this occupation	
12 BIRTHPLACE (city or town) Caroline Co.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Caroline Md	
13. NAME Treonard thagee	
13. NAME Treonard Magee 14. BIRTHPLACE (city or town) Tedera? Burg	Name of operation
(State or country) Md. 0	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ether Turner	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tederals burg.	Accident, suicide, or homicide? Dato of injury, 19
(State or country)	Whera did injury occur?
17. INFORMANT Theo hard Mages. (Address) Federal Paring Md	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Tedera Pollurg, Md. Date Sune 10", 1933	Nature of injury
19. UNDERTAKER 5. T. Transtom & Son. (Address) Federals bura Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June, 10, 1913 5-5 Fram Stam	(Signed) M. D. (Address) Followielling MA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	10000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	OUT G. TONG	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPA-Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(15954
County Caroline	Registration Dist. No. 4
Village or City Greensboro	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jeme Fr, metches	P
(a) Residence: No.	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Fernare Whele OR DIVORCED (grite the word),	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month day, and year) Oct. 7, 1872	1 Jast saw her elive on June 9, 1933; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 m.
60 8 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were es follows:
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Carcuma of Vinceal
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) 10. One deceased last worked at this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME William 13. Hobbs.	
13. NAME William 13. Hobbs.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Ku
15. MAIDEN NAME Eliza Zimis 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT See Systelles (Address) Success two will	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN. Place Steen Steel Mate Surul 3, 1933	Manner of injury
19. UNDERTAKER R' By Rawfur 45. (Address)	24. Wes disease or injury in eny way related to occupation of deceased? Mo
20. FILED June 12, 1833 L. Man Papario	(Signed) (Address) Treens have
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Data of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOPEAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Caroline Registration Dist. No. 62 Village or City Acar Villelan No. St., (If death occurred in a hospital or institution, give its NAME instead of street and num	<i>.</i>
Village or City Gears Wellow No. St.	
	Ward
Length of residence In city or town where death occurredyrsmosds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Cleary Juurry	
(a) Residence: No. St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	te
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	3 3 (Year)
5e. If metried, widowed, or disporced HUSBAND of (or) WIFE of Learge Muuriu 19 10 10 10 10 10 10 10 10 10 10 10 10 10	eased from
6. DATE OF BIRTH (month, day, and year) Meas, 18 18 saw h alive on, 19; de	eath is said
7. AGE Yeers Months Days If LESS than f day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and releted ceusos of Importance formin.	-to-oft
Trade profession or particular	ete of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at ff. Total time (years) this occupation (month and separation this.)	930
O 10. Date deceased last worked at this occupation (month and year)	
Other Contributory Causes of importance: (State or country) Currelled Other Contributory Causes of importance: (State or country) Currelled	?
# 13. NAME Steplem Toldsborough	
f4. BIRTHPLACE (city or town) (State or country) Was there an eutographic diagnosis? Was there an eutographic diagnosis?	nsv?
15. MAIDEN NAME Yester 23. If death was due to externel ceuses (VIOLENCE) fill In also the following:	3
f6. BIRTHPLACE (city or town) (State or country) Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	, 19
(Address) / Destate	
18. BURIAL CREMATION, OR REMOVAL Date Succe 2, 19.3.2 Neture of injury.	
19. UNDERTAKER 24. Was disease or injury in any wey related to occupation of deceased?)
20. FILED 6-26, 1933 Mr. Al Ving (Signed) Hausoy O George (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

	County Carolina	·	Registration Dist. No. 66
	Village or City	ely	No. St., V (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where de	1 0	osds. How long in U.S. if of foreign birth?yrsmos,
2	FULL NAME Boly	Setto	#-1
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. \$	Male negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yee
5a.	if married, widowed, or diverced HU3BAND of		22. HEREBY CERTIFY, That I attended deceased
	(or) WIFE of		Jul 12, 1933, to June 12, 193
	DATE OF BIRTH (month, day, and year)	me 12 /933	I light sow h.= afive on, 19; death is
1. 1	AGE Years Months	Deys If LESS than I dey,-Ohr orQ-min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
NO	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0	forth of
UPAT	Industry or business in which work wes done, as SILK MILL,	0	14 4
occu	SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	mother bus marker 6 days!
12	BIRTHPLACE (city or town)	ely 2 .	Other Contributory Canses of importance:
	(Stete or country)	Ousline	
HER	13, NAME Wellen Com	u Selle	
FATH	14. BIRTHPLACE (city or town)	agely Die	Name of operation Dete of Dete of
ER	15. MAIDEN NAME Jerie Bu	Canless House	What test confirmed diegnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or town) Pick	ally s.	Accident, suicide, or homicide? Date of injury, 19
- 1	(Stete or country) INFORMANT And	Hmer .	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1.0	(Address) BURIAL, CREMATION, OR REMOVAL		
10.	Plec Bound	Date / 2, 193	Manner of Injury
19	UNDERTAKER TYLY	It Warten	24. Was disease or injury in eny way related to occupation of deceased?
	(Modiess) Ridgel	grud !	If so, specify
20.	Filettene (2, 1933	D Davis	(Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, se that it may mation should be carefully supplied. TION is very important.

should state

of OCCUPA.

1. PLACE OF DEATH	(RGa)
County Caroling	Registration Dist. No. 62
Village or City Thulia	NoSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME STREET OF GA	Vocate A 2
(a) Residence: No.	St. Ward.
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write t	the word) / / / / / / / / / / / / / / / / / / /
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Thomas Jaw	ERE 22 I HEREBY CERTIFY. That I ettended deceased from
7, ,45	4 101, left
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If L	ESS than to have occurred on the date stated above, at
1 1 1 (1 dey,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, NUML SAWYER, BOOKKEEPER, etc.	Dennel Orhesty.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years	s)
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) was gloudy	
13. NAME Class Surface 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town) / darmany	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Hary Pourse 16. BIRTHPLACE (city or town) Therefore (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Zura 1 . All 1	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT MURE please that	Openly whether mighty occurred in MiddStri, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dete fille	Nature of Injury
19. UNDERTAKER / / // // // / / // // (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 6 - 22, 1933 Jan 11 6 Jung	(Signed) Muse fillships M.D.
	Registrar. (Address) Suum 14

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death of importance were as follow	n and related causes	. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	tin o m	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BURRAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CAUSE TION is

19. UNDERTAKER (Address)

BINDING

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

24. Was disease or Injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	00303
County Caroline	Registration Dist. No. 63
Village or City Reston	No. St. Ward
19	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
T. MOT. MA. A.	The state of the s
2. FULL NAME Water Mansaga	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced A P. T. Roll	
HUSBAND of Jennie H. Prilibeth	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 21, 1860	I last saw he care elive on 1990 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
73 2 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or perticular	Jastre Carcinoma 1432
Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Pindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 933 spent in this occupation 5	
12. BIRTHPLACE (city or town) Nr. Releance Md. (State or country)	Other Contributory Causes of importance: Lehrune My searchites 1931
13: NAME JOHN MILEY WEGAT 14. BIRTHPLACE (city or town). Mrs. Selliance	Neme of operation
(State of country) Warranter Co-110	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and Kinney	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Whatelete & . Md. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Louise W. Hewnam (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Andrew Date 5, 193	Nature of Injury
19. UNDERTAKER Adlis & Lewiscal (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 5/5 , 1923 Registrar.	(Signed) / Villeaus D. Dlympew M. D. (Address) Saslan mad

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALLEGATO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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